							ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH			
DEPARTMENT OF PUBLIC HEALTH AND WELFARS 18 Primary Registration District No. 1003 Registrar's No. 9999 163-141458										
DO NOT WRITE	Ē	-	MEI	IDE	, 7	-	11 = 11 OCT 1 7 1963	41400 ·		
VS 300		 e	Ī		4	֓֟֟֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡	1. PLACE OF DEATH a. COUNTY a. STATE Trid b. COUNTYCLAY	tution: Residence before admission)		
Rev. 4/59		Ž	m	M	m 9	K -	b. CITY (If outside corporate limits, give TOWNSHIP only) OR OR OR	Inside Elmits		
1		AMENDED	૭	4	9.	þ	A TOWN St. Louis Missouri TOWN Brazil	Yes No X		
	4	lա i	Ŋ	5	4	K	c. FULL NAME OF (If NOT in haspiral give location) HOSPITAL HOSPITAL HOSPITAL Yes \(\bigcap \text{No } \(\bigcap \) Rural Rt. # 4	Reside on Farm Yes X No		
281308		DAT	11	3	3	1_				
3 /				1)	P	3. NAME OF DECEASED First Middle Last 4. DATE Month OF DEATH 10/6/63	Day Year		
4 0		ł				34	5. SEX 6. COLOR OR RACE 7. Married Mever Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER			
5 ,		ļ	ĺ		. £	Ł	MaleWhite Widowed Divorced _ 2/13/1805 68 70 Months	·		
	_\^\2		ŀ		3/9	13	10a. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE TCity and state or country) 12. CITIZ during most of working life, eyen if retired)	EN OF WHAT COUNTRY		
	- §			ď	ا وہ	1 "-	during most of working life, eyen if refired) Carponter Pipe Fitter 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND O	R WIFE		
<u> </u>	_ [한			-	٠ ا	1	Charles M. Frazier Mary Jane Russell M. Jane:			
8 /	N.			1	9	ΙŦ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address			
9	- ₹				1	1	(Yes, no, or unknown) (If yes, give war or dates of service) No. M. Jane Frazier, R. R. # 4	Brazil, Tindan		
	- ₩	ŀ	56	3		T	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH		
10	<u>_</u>	L	81	Ŋ	₹₹		IMMEDIATE CAUSE (a) Cardiac Arrest	immedaate		
11	RECORD	000	3	4	ઍૂટ					
1252-C	, I	Ę.	1	₹.	3 2		Conditions, if any, DUE TO (b) Hypertensive cardio vascular disease	10 years		
<u>ຼິງ ລູ = ບ</u> 13	THS.	INSTEAD	3		3		above cause (a), stating the under-			
	= <u>₹</u>			Į	-	Į,	Sying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was remark to the terminal PART III. If deceased was female was			
5	2 5			-	2	1	disease condition given in PART I (a)	pregnancy in last 90 days.		
	בור בור			}	3	1	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or	1 - 1		
	AMENDMENTS					•	PERFORMED?			
y Z	AME						20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	STATE		
BLACK INK OR RITER RIBBON					-3	3	20d. INJURY OCCURRED WHILE AT WORK 100			
걸쏬띪	1	P		g	2	Š		3		
温이불		2	6	3	3	ŞI.	m on the date stated above, and to the best of my knowledge, from	m the causes stated.		
USE PEW		13	13	٣	9	1	22a. SIGNATURE (Degree or title) (Degree or title) (Degree or title) (Degree or title)	10-7-03		
USE BLACK OR TYPEWRITER		SHOULD READ	8/-	3	% =	ı	1. () some ellion MI C			
-		L	?	의	ઍૄૅ		23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or count			
		Š		-	AFFID.		Removal (Specify) 10-9-63 Summit Lawn Cem. Clay County, Ind	iana.		
		ITEM	8	ક	7 ₹		Albert H. Hoppe Inc., 4700 Washington, Blvd. OCT 8 1963	In M.D.		
	1	ΙĒ	ΠÌ	7			Albert H. Hoppe inc., 4 (00 mashing conf brack UCI 0 1303	- , , , , , , ,		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

• 17 If this body is not embalmed, fact should be so stated above.